


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 08, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT #</b> N93000003875	
1. Entity Name OZONA TRAIL COMMUNITY ASSOCIATION, INC.	

Principal Place of Business 565 VISTA TRAIL CT PALM HARBOR, FL 34683	Mailing Address P.O. BOX 276 OZONA, FL 34660
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02252007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3203283	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  MAYALL, DENNIS 565 VISTA TRAIL CT PALM HARBOR, FL 34683
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<b>DO NOT WRITE IN THIS SPACE</b>
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Dennis Mayall* DATE: 4/25/07  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	U000000762520 05/29/07-80013-003 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRAUND, DAVID 548 VISTA TRAIL CT. PALM HARBOR, FL 34683
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FITZGERALD, MARCIA 565 VISTA TRAIL CT PALM HARBOR, FL 34683
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CONNER, JANET 564 VISTA TRAIL CT. PALM HARBOR, FL 34683
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MAYELL, MICHELLE 569 VISTA TR CT PALM HARBOR, FL 34683
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TATE, MARY VISTA TRAIL CT PALM HARBOR, FL 34683
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MARGULIES, STAN 552 VISTA TR CT PALM HARBOR, FL 34683

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Stan Margulies* 5/1/07 727-721-9082  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #